

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR AUCTIONEER REGISTRATION

Only an individual may register as an auctioneer. A registered auctioneer may operate an auction company as a sole proprietor without a separate auction company registration.

A corporation, association or partnership which operates an auction company must file Form #2076, Application for Auction Company Registration, and be registered as an auction company.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

### SECTION A: TO BE COMPLETED BY APPLICANT

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

If you are a sole proprietor operating your own business and will use any name other than your personal name in advertising, enter that business name:

### For Receipting Use Only

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ \$ 10.00 Temporary registration (has not passed pre-license examination)  
☐ \$ 53.00 Initial credential fee  
☐ \$ 174.00 Reciprocal credential fee  
☐ \$ 199.00 Reinstatement fee

For Office Use Only		
Reg. #:	Date Granted:	
#13 Date: NA: ST:	#16	#44
Exam Brochure Sent	<input type="checkbox"/>	
Tax Brochure Sent	<input type="checkbox"/>	

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**SECTION B: MARK AN X IN THE APPROPRIATE BOX.**

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**STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.**

If you answer **YES** to any questions, give all details on a separate sheet.

- |  | <u><b>YES</b></u>        | <u><b>NO</b></u>         |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

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**SECTION C: EXAMINATION OR EXPERIENCE (Mark an X in the appropriate box)**

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- ☐ 1. **I hold a current license as an auctioneer (not as an apprentice auctioneer) in the state(s) of** \_\_\_\_\_ **. Therefore, I request exemption from the examination based on reciprocity. (See instructions at the bottom of page 4.)**
- ☐ 2. **I have passed the Wisconsin licensing examination.**
- ☐ 3. **I have not passed the licensing examination.** I will register for the examination. I understand that if I otherwise qualify for an auctioneer registration, I will be issued a temporary registration which will be valid for **60 days** and may not be renewed. I must pass the examination and obtain a new registration certificate no later than the end of the **60-day period**, in order to continue practicing as an auctioneer after the temporary registration expires.
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**SECTION D: SELLER'S SALES TAX PERMIT**

(Place an X in the box in front of EITHER PARAGRAPH 1, 2, 3, 4, or 5. For information, call the Wisconsin Department of Revenue at (608) 266-2776.)

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- ☐ 1. I have enclosed with this application a copy of a current Wisconsin Seller's Permit from the Wisconsin Department of Revenue which was issued in my name. My permit number or numbers is/are: \_\_\_\_\_
- ☐ 2. I have not obtained a Seller's Permit from the Department of Revenue, but I understand the sales tax requirements and have concluded that all of my auctions are exempt occasional sales and I, therefore, am not required to obtain a Seller's Permit.
- ☐ 3. I act as an auctioneer for more than one auctioneer or auction company; any required sales taxes are collected under the Wisconsin Seller's Permit of such auction companies.
- ☐ 4. I am exempt from the requirement for a Seller's Permit because I am an employee or independent contractor associated with the following registered auctioneer or auction company who or which is confirming this fact with the following authorized signature:

Name of Employing Auctioneer or  
Auction Company: \_\_\_\_\_

Registration Number of Employer: \_\_\_\_\_

Signature of Employer (or Employer's  
Designee): \_\_\_\_\_

Printed or Typed Name of Person  
Signing Above: \_\_\_\_\_

Date Employer Signed Above: \_\_\_\_\_

- ☐ 5. I am an officer of a corporation, partner of a partnership or director of an association which is registering or is registered as an auction company. The name of the auction company is:

\_\_\_\_\_

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## APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Seal)

\_\_\_\_\_  
Date Commission Expires

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*All non-temporary registrations expire and must be renewed by December 31 of even-numbered years. Renewal notices are mailed to registered auctioneers (not temporary registrants) in November of even-numbered years. If this application, for a new registration (not temporary registration), is received by the Department after renewal notices are mailed to current registrants, your registration certificate will expire at the end of the next biennium. Temporary registrations expire 60 days after the date of issuance.*

*You are required by sec. 440.11, Stats., to notify the Department of a name or address change in writing within 30 days after the change. Failure to comply may subject the registration to a \$50.00 fine.*

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## SECTION E: RECIPROCITY

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**NOTE #1.** Section 480.12(1), Stats., requires the State of Wisconsin to register as an auctioneer a qualified individual who holds an auctioneer certificate in another state which has a reciprocal agreement with Wisconsin or which has requirements for obtaining a certificate which are substantially equivalent to the requirements in Wisconsin. If the other state does not have statewide licensing and a licensing examination which is required of all applicants for an auctioneers license or registration, its requirements are **NOT** substantially equivalent to those in Wisconsin.

**NOTE #2.** You must submit with this application a copy of a current license that you hold in the other state. If you are licensed or registered in more than one state which you believe has requirements equivalent to Wisconsin's, it may be convenient for you to send a copy of the license issued by your state of residence. **Remit a \$174.00 reciprocal credential fee.**

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**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

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First Name	Middle Initial	Last Name
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Profession

Date of Birth                                            
                                 month                    day                    year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.